

Application For Absentee Ballot  
Peggy Ann Milton, County Clerk, McLEAN COUNTY, ILLINOIS

Full Name	Date of Birth
Address	
City, State, Zip	

Telephone Number	Email Address
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I state that I am a resident in the precinct and residence stated above, that I have lived at said address for 30 days or more preceding this election, that I am lawfully entitled to vote in such precinct at said election to be held therein and I will be unable to vote in person at the polls of such precinct for the following reason: (check one)

- ☐ I expect to be absent from my county of residence ( \_\_\_\_ I am a Federal or State employee.)
- ☐ I expect to be temporarily absent from the country.
- ☐ I shall be serving as a Judge of Election outside my precinct of residence.
- ☐ I shall be observing a religious holiday in accordance with the tenets of my religion.
- ☐ I have been called for Jury Duty on said day.
- ☐ I shall be performing election duties for an Election Authority or The State Board of Elections:

(Election Authority) (Location)

Note: Application MUST be signed, or we will be unable to process your request. Thank You.

- ☐ I shall be performing election law enforcement duties in the employment of:  
(Law Enforcement Agency) (Location)
- ☐ I am Permanently Disabled or Incapacitated or a holder of an Illinois Disabled Person Identification Card (Class 1A or Class 2 disability):  
(Reason for Disability)
- ☐ I am a Resident of a licensed Nursing Home or Health Care Facility.
- ☐ I am a temporarily absent student in (County) (State)

I hereby make application for an official ballot to be voted by me at such election and agree that I shall return the ballot to the election official issuing the same in sufficient time for such to be counted. Under penalties as provided by law, the undersigned certifies that the statements set forth in this application are true and correct.

FOR PRIMARY ELECTION: MUST CHECK PARTY AFFILIATION ☐ DEMOCRAT ☐ REPUBLICAN ☐ NONPARTISAN ☐

Address to which ballot is to be mailed (If different from address above)

(Address)

(Address Continued)

(City, State, Zip)

(Signature of Applicant)

(Name of Applicant - Please Print) (Date)

(Phone) (Email Address)

Notice to Absentee Voters

In order to vote by Absentee Ballot you must be a registered voter unable to vote at your polling place on election day for one of the following reasons:

1. YOU EXPECT TO BE ABSENT FROM YOUR CITY/COUNTY OF RESIDENCE (including students temporarily abiding outside the precinct in which he or she is registered to vote due to the fact he or she is a student attending an institution of higher learning)
2. YOU ARE PHYSICALLY UNABLE TO GO TO THE POLLING PLACE
3. RELIGIOUS HOLIDAY
4. CERTAIN ELECTION DUTIES (10 ILCS 5/19-1, 19-2)
5. YOU ARE SERVING AS A SEQUESTERED JUROR ON A STATE OR FEDERAL JURY

You must state your reason UNDER OATH. If you knowingly make a false statement under oath in order to get an absentee ballot, you are guilty of A SERIOUS CRIME punishable by up to five years in prison (10 ILCS 5/29-10) and shall be ineligible for public employment for a five (5) year period following completion of the sentence. Any person who knowingly solicits you to falsify your eligibility to cast an absentee ballot is guilty of a Class 3 felony. (10 ILCS 5/29-20)

Unless you are a voter who has become hospitalized within five (5) days of the election, or a resident of a soldier and sailors home, only you, or your spouse, parent, child, brother, or sister or a representative of a company engaged in the business of making deliveries to the election authority may take your ballot and ballot card envelope for deposit into the mail.

TO THE VOTER: in signing the certification on the absentee ballot envelope, you are attesting that you personally marked the absentee ballot in secret. If you are physically unable to mark the ballot, a friend or relative may assist you after completing the enclosed affidavit. Federal and State laws prohibit your employer, your employer's agent, or an officer or agent of your union from assisting physically disabled voters. State law prohibits a candidate whose name appears on the ballot (unless the physically disabled voter is the spouse, parent, child, brother, or sister of the candidate) from assisting a physically disabled voter.

TO THE PERSON PROVIDING ASSISTANCE TO VOTERS: YOU HAVE BEEN SELECTED BY A VOTER TO PROVIDE VOTING ASSISTANCE. UNDER ILLINOIS LAW, ONLY VOTERS WHO ARE BLIND, PHYSICALLY DISABLED, OR UNABLE TO READ OR WRITE THE ENGLISH LANGUAGE MAY BE ASSISTED BY A RELATIVE OR FRIEND. INDIVIDUALS WHO CANNOT ASSIST VOTERS INCLUDE THE VOTER'S EMPLOYER, OR AGENT OF THAT EMPLOYER OR OFFICER OR AGENT OF THE VOTER'S UNION.

You must mark the ballot as directed by the voter. Individuals who attempt to influence the voter's choice of candidates, party, or votes in relation to a public question, or mark the ballot other than as directed by the voter may be guilty of a class 4 felony. If you cannot tell the voter's intent, you must not mark the ballot in any way. You may not subsequently divulge the candidate(s) or public questions for whom the voter instructed you to cast ballots.

Upon completion, remove the application and mail to: Peggy Ann Milton, McLean County Clerk  
115 E Washington Street, Room 102  
PO Box 2400  
Bloomington IL 61702-2400